

<u>CITY OF LACONIA</u> <u>APPLICATION FOR ITINERANT VENDOR'S LICENSE</u>

(PLEASE PRINT OR TYPE)

Business Name:				
Business Address: _				
Applicant's Name:		Telephone #		
Applicant's Address	:Number Street	City	State	Zip
Non Profit ID #(if a	pplicable)			
E-mail Address:				
Merchandise to be s	old:			
Do you have a State of NH hawkers/peddlers license?		Yes	No (copy of license attached)	
Do you have a State of NH Department of Health permit? (Food vendors only)		Yes	No (copy of permit attached)	
Do you have the pro	Yes	No (writte	n permission attached)	
The dates, days and	hours you will be open for business:			
	Hours of Operation - From:			
	Hours of Operation - From:			
	Hours of Operation - From:			
Date:	Hours of Operation - From:	10:		
Where do you intend	d to vend?			
•	(Stre	et location)		
	FOR CITY U			
Application Fee:	Received on (date):	,		
Planning/Zoning su	aggestions/Comments			
				Initials
Licensing Board Ap	License Valid	License Valid on:		
Special Conditions	of Approval:per 161.20 of City	s Licensing Ordin	ance	